

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004397

FILED
Jul 20, 2004
Secretary of State**Entity Name:** OPERATION LOVE OUTREACH, INC.**Current Principal Place of Business:**4400 NORTH POWERS DRIVE
ORLANDO, FL 32818**New Principal Place of Business:****Current Mailing Address:**505 E MCCORMICK RD
APOPKA, FL 32703**New Mailing Address:****FEI Number:** 59-3654473**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TIMS, RIVA F
505 E MCCORMICK RD
APOPKA, FL 32703 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TIMS, RIVA F
Address: 505 E MCCORMICK RD
City-St-Zip: APOPKA, FL 32703

Title: VPD () Delete
Name: ANDERSON, SAM
Address: 4282 MCCINNIN RD
City-St-Zip: WINDERMERE, FL 34786

Title: SD () Delete
Name: MEYERS, MARY
Address: 7715 CAPE HORN CT
City-St-Zip: ORLANDO, FL 32835

Title: T () Delete
Name: BARRETT, ADA
Address: 6820 WOODGRAIN CT
City-St-Zip: OCOEE, FL 34761

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PHILLIPS, MICHAEL A
Address: 335 LAKE HILL PLACE
City-St-Zip: APOPKA, FL 32703

Title: VPD (X) Change () Addition
Name: DEMINGS, TERRY
Address: 1377 VICKERS LAKE DR
City-St-Zip: OCOEE, FL 34761

Title: SD (X) Change () Addition
Name: ANDERSON, SAM
Address: 4282 MCCINNIN RD
City-St-Zip: WINDERMERE, FL 34786

Title: T (X) Change () Addition
Name: MEYERS, MARY
Address: 7715 CAPE HORN CT
City-St-Zip: ORLANDO, FL 32835

Title: SA () Change (X) Addition
Name: TIMS, RIVA F
Address: 505 E MCCORMICK RD
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. PHILLIPS

PD

07/20/2004

Electronic Signature of Signing Officer or Director

Date